

AY2020 Enrollment Package

Parkview Christian School
Ken Senes, Principal

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“Building Christian character while achieving academic excellence”

Parkview Christian School – 608 S. Eufaula Ave – Eufaula, AL 36027

Tuition Information

Tuition Rates

Tuition rates for the 2020-2021 academic year (AY2020) are listed below. The registration fee, as well as the supply and fine arts fees, are due in full at enrollment.

Class	Registration	Fees	Annual Tuition	10-Payment Plan
Pre-K2/3/4 (half-day)	\$150.00	50.00	\$2,300.00	\$230.00/month
Pre-K2/3/4 (full day)	\$200.00	50.00	\$3,680.00	\$368.00/month
K5, Grades 1-5	\$350.00	50.00	\$3,960.00	\$396.00/month

Tuition Discounts

Several tuition discounts are available:

- Pre-payment of annual tuition (by 1 August) – 4%
- Multiple students – 10% each for second and subsequent children
- Ministerial – 10% each for all children of ordained clergy from any faith

Note: Only one discount may apply to a student. Students enrolling after the beginning of the school year may receive the pre-payment discount on tuition for the remaining months if paid in full at enrollment.

Tuition Payment

Tuition may be pre-paid in full or in ten (10) monthly installments paid July-April or August-May. PCS accepts payment by cash, check, or credit/debit cards. We accept Visa, MasterCard, American Express, and Discover. A surcharge of 3.85% will be added to credit payments to offset fees to the school for providing this service. Returned checks are subject to a fee of thirty dollars (\$30.00) and revocation of check-writing privileges after the second occurrence. All payments can be made in the school office, and credit card payments can be taken over the phone. We also accept check payments by mail.

Scholarships

A very limited number of scholarships are available to students in grades 1 through 5. Scholarships pay all registration and other fees (except lunch, snack, or field trips), and either full or half tuition. Applications are available in the principal's office and must be returned to PCS by the date on the form along with all required documentation. Late or incomplete applications will not be considered. Scholarship applications will be reviewed by the PCS School Board; their decision on all awards is final. Award offers must be accepted by the deadline on the form, or it will be revoked and offered to another student.

Late Payments and Overdue Accounts

Monthly tuition charges are posted to your student's account on the first business day of each month and are due at that time. Any payment after the 14th of the month will be considered late and subject to a fee equal to 10% of the outstanding balance. If the 14th falls on a Saturday, payment is due on the preceding Friday (the 13th); if it falls on a Sunday, then payment is due the following Monday (the 15th). If your child's account becomes two (2) months overdue, your child will not be allowed to return to class until the account is paid in full. If you were given a discount and your account becomes overdue twice in the same school year, ***your discount will be revoked and all prior discounts will be removed*** from the account.

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Information for Parents and Guardians

Parkview Christian School maintains a website, www.pcseagles.com. School dates, calendars, activities, photos, forms, and other information of interest can be found there.

PCS partners with MySchoolWorx.com to provide online access to your student's grades, homework assignments, teacher feedback, and much more. When you provide your e-mail address to PCS, we will add you to the authorized users list and send you a temporary password. You can then login to MySchoolWorx.com, choose a new password, and begin accessing your student's information.

A supply list for K5 and grades 1 through 5 is available at the school and on our website.

Mid-morning snack is provided for the pre-school and kindergarten classes. The elementary grades may bring their own snack or select a food or drink item from the snack cart. All items are one dollar (\$1.00).

Bake sales are held occasionally. All items for these events are fifty cents (50¢).

PCS caters an optional hot lunch every school day. These meals are sourced from: Dairy Queen on Monday; Chick-fil-A on Tuesday; Little Caesar's on Wednesday; El Jalisco on Thursday; and, Willy T's on Friday. A variety of items is available each day. The cost per day is five dollars (\$5.00) and includes the meal, a drink, and cookies.

Pre-school students take a nap in the afternoon following lunch. Parents should provide a mat, a sheet or blanket, and a pillow. The children are allowed one small stuffed animal or toy to sleep with them.

PCS also offers before-school and after-school care; see pages 8 and 9 for details.

Red polo shirts embroidered with the school name are available for purchase in the school office. Students are requested to wear the shirt on chapel days and at other special events.

School pictures are taken in the fall and the spring, and kindergarten graduation photos are taken about one month before the end of the school year. We contract with a company called Life Touch for these photo services.

Fund-raising events are held throughout the year. Details on these events will be sent home with students several days prior to the event.

Field trips may be scheduled during the year. All costs for these events are an additional expense borne by the student and are *not* subsidized by the school. Recent field trips have included the October pumpkin patch trip for the pre-school students, and the Providence Canyon Park hike and zip-lining at a nearby camp for the elementary students. The kindergarten class in the past two years has attended Disney on Ice in Montgomery and The Nutcracker ballet in Dothan.

We occasionally have the opportunity to help the needy, sing with the Parkview Baptist Church choir, and to participate in other ministry projects. We ask for the students' voluntary participation in these efforts.

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2020-2021 Registration Form

Date: _____ Time: _____ Referred by: _____

Student Information

Name: _____ Goes By: _____

Address: _____

City/State/ZIP: _____ Gender: M F

Home Phone: _____ SSN¹: _____

Grade to Enter²: _____ Date of Birth³: _____ Present Age⁴: _____

Guardian Information

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

City/State/ZIP: _____ City/State/ZIP: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail⁵: _____ E-mail: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Dismissal Information

I authorize the following persons, in addition to parents/guardians above, to pick up my child from school:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Emergency Contact Information

Family/friends to call in case of an emergency if you cannot be reached:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

¹ PCS is allowed to request SSNs for record-keeping purposes under Public Law 93-579. PCS has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose this information without your consent for any purpose except as allowed by law.

² Entrance grade is finalized after a review of grades and attendance records.

³ Students entering 1st Grade *must* be 6 years old on or before 1 September of the current year.

⁴ Students entering K-3 *must* be toilet-trained.

⁵ An e-mail address is required to access your student's grades, homework, and other information online (see page 2).

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Medical Information

Doctor’s office or medical facility to call in case of an emergency situation:

Name: _____ Phone number: _____

Insurance carrier: _____ Policy number: _____

Please initial one of each pair of boxes that describes your wishes for providing medication to your child.

The school **MAY** administer over-the-counter items (ibuprofen, antacids, etc.) to my child

The **MAY NOT** administer over-the-counter items to my child

I will bring and administer to my child all prescribed medications personally described below

The school may administer to my child prescribed medications that I provide described below

The school may administer these medications in these dosages and at these times:

Time(s)	Medication	Dosage

My child has these medical conditions, issues, or precautions:

My child has an allergy to these medications, foods, or items:

Other Information

Church we attend: _____

Number of siblings: Brothers Sisters Half-brothers Half-sisters

Living grandparents (check all that apply):
 Father’s father Mother’s father
 Father’s mother Mother’s mother

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PCS Financial Contract

I/We, the undersigned, agree and understand that I am/we are undertaking an **unconditional** financial obligation to Parkview Christian School. This contract binds me/us to make payment(s) for the full amount of registration, tuition, and fees for the full academic year, or pro-rated portion thereof if my/our student enrolls after the beginning of the school year.

I/We understand that this amount is payable in full if I/we withdraw my/our student for any reason other than moving to another school district outside of Barbour County or if my/our student is expelled from Parkview Christian School for disciplinary issues.

I/We understand that my/our student’s records will not be released until the account is paid in full.

I/We agree to accept the rules, regulations, policies, and guidelines of Parkview Christian School and to support its educational philosophy, morals, dress code, attendance, disciplinary, and other standards.

I/We affirm that I/We am/are the parent(s) or legal guardian(s) of the child(ren) listed below. I/We agree to furnish a copy of the birth certificate and any other legal papers pertaining to such guardianship.

I/We understand as the parent(s) or legal guardian(s) of the child(ren) listed below that I am/we are responsible for fulfilling all financial obligations incurred by my/our student(s), even if another individual, individuals, trust fund, or other financial arrangement provides full or partial payment for the tuition.

Responsible party #1: _____
SSN: _____
Signature: _____
Date of Signature: _____
Contact number: _____
Responsible Party #2: _____
SSN: _____
Signature: _____
Date of Signature: _____
Child #1 Name, Tuition: _____
Child #2 Name, Tuition: _____
Child #3 Name, Tuition: _____
Office acceptance date: _____

Notary Section

STATE OF ALABAMA
COUNTY OF BARBOUR

Before me, a Notary Public in and for said State and County, appeared the person named on this document, who after being duly sworn or affirmed, signed this document in my presence with full knowledge of and concurrence with its obligations.

Notary Public

My commission expires: _____ / _____ / 20

Notary Seal

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Before and After School Care

Parkview Christian School offers supervised care of your student both before and after school. This program is available **only** to students currently enrolled at PCS. Siblings of PCS students **are not** eligible.

Before School Care

Students may be dropped off no earlier than 7:15 AM on school days. PCS staff will be on-site to provide supervision of early arrivals. General arrival time is 7:45 AM. At that time, early-arrival students will be sent to their classrooms where they will be supervised by their teachers until class begins at 8:00 AM.

There is no registration necessary for the early morning drop-off program. Cost of this care is \$1.00/day, which may be paid daily or weekly by cash or check. You may also choose to let the charges accrue to your student's account and pay at the end of each month.

After School Care

Often referred to as "extended day", this program provides supervised care for both half-day and full-time students after normal hours. Half-day students have the option of staying until 3:30 PM or 5:30 PM.

In the afternoon, there is a study hall time for students to do homework, a recreation period, and a light snack. Students may go to the extended day classroom after their regular school day has ended. Parents, guardians, or another authorized party **must pick up their students no later than 5:30 PM**. After that time, penalty fees will be charged (see the schedule below).

Students who are not picked up by 3:15 PM will go to the extended day classroom; no charges for the day will accrue until 3:30 PM, after which time the daily fee will be charged to their account.

Registration for the extended day program is required to receive the reduced weekly rates below. All others will be charged the higher daily rate for each day the student is in the program. Registration requires parents/guardians to sign at the bottom of this page to acknowledge the rates and fees, to complete the back of this form with the student's information, and to pay the annual fee.

<u>Extended Day Program</u>	<u>Fees</u>
Annual registration	\$35.00
Weekly care	
- 3:00-5:30 PM, pre-school	\$40.00
- 3:00-5:30 PM, K5 & up	\$30.00
Daily care	
- 11:30 AM-3:30 PM, pre-school	\$15.00
- 11:30 AM-5:30 PM, pre-school	\$25.00
- 3:30-5:30 PM, K5 & up	\$15.00
Late fees (per minute, after 5:30PM by our clock)	
- 1-15 minutes	\$1.00
- 16-30 minutes, \$15 plus per minute	\$2.00
- 31 minutes+, \$45 plus per minute	\$3.00
(and subject to removal from the extended day program)	

I have read and fully understand the after-school care charges, policies, and pick-up requirements on this form.

Signature of Parent/Guardian

Date

After-School Care Registration Form

Student Information

Full Name: _____ Goes By: _____
Home Address: _____
City/State/ZIP: _____
Grade: _____ Birthday: _____ Age: _____
Father's Name: _____ Mother's Name: _____

Pick-up Information

List the names and relationships of all persons you authorize to pick-up your child.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Medical Information

List all allergies or medical conditions that we should know about when caring for your child.

Emergency Information

List the name and phone number of the doctor or medical facility to call in the event of an emergency.

Name: _____ Phone: _____

List the names, relationships, and phone numbers to call in the event of an emergency (in this order).

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Affidavit for Pre-school Parent or Guardian

STATE OF ALABAMA
COUNTY OF BARBOUR

Before me, a Notary Public in and for said State and County,
appeared _____ and is known to me,
after being duly sworn or affirmed, says as follows:

(1) that affiant is the parent or legal guardian of the minor
child/children _____; and,

(2) that affiant has been notified by _____,
a representative of Parkview Christian School, that said school has filed notice
and is exempt under law from regulation by the State of Alabama Department
of Human Resources.

Parent/Legal Guardian

Sworn or affirmed to and subscribed before me, _____ ,

this _____ day of _____, 20_____

Notary Public

My commission expires _____

